

**PRE-QUALIFICATION CERTIFICATION REQUEST FOR PROPOSAL (RFP) – INDIGENOUS
SUPPORTIVE HOUSING PROGRAM (ISHP)**

A. ORGANIZATION INFORMATION

Organization Legal Name:	
Organization Operating Name (if different than legal name):	
Organization Address:	
Type of Legal Entity:	
Year Established:	
Date Incorporated:	
Corporate Number:	
Organization Mandate:	

B. ORGANIZATION CONTACT INFORMATION

Name:	
Title:	
Phone:	
Fax:	
Email:	

C. PRE-QUALIFICATION CERTIFICATION

We, the undersigned, certify as follows and acknowledge and agree that Ontario Aboriginal Housing Support Services Corporation (“**OAHS**”) is relying upon these certifications in connection with the RFP (as defined below):

1. we have received a complete copy of the OAHS ISHP RFP dated **June 3rd, 2024**, including all Schedules thereto (collectively, the “**RFP**”);
2. we have read the Eligibility Criteria for a Service Provider and confirm our eligibility;
3. we confirm that the above information regarding our organization is true and accurately reflects our purposes and mandate;

4. if, based upon any proposal made by us in response to the RFP, we are selected as a Service Provider, any and all funds received by us will be solely used off-reserve and strictly for the purposes set out in our proposal approved by OAHS and the terms of any resulting partnership agreement entered into between us and OAHS;
5. we understand and agree that any and all funding received by us must be solely used for supporting housing and/or support services off-reserve, that accord with the ISHP Program Guidelines (a copy of which are included with the RFP);
6. we shall keep all information provided in the RFP strictly confidential except as required by law or by any legal or regulatory authority; and
7. we understand that OAHS has the sole discretion to make final eligibility decisions and to make final Service Provider selections.

We, the undersigned, further understand and acknowledge that, in the event, any statement contained herein is determined to be untrue at any time, OAHS may, in its sole discretion, elect not to review or consider any proposal made by us under the RFP or may elect to terminate any funding arrangement or agreement or any partnership agreement and to cease all funding.

The certifications made herein shall survive the execution of this Pre-Qualification Certification and any subsequent arrangement, agreement or partnership agreement entered between the undersigned and OAHS and any grant or advance of any funding to the undersigned.

DATED at _____, Ontario this _____ day of _____, 2024.

• <insert Organization Legal Name>

Per: _____

Name:

Title:

Per: _____

Name:

Title:

I/we have authority to bind the corporation

Please email this completed and signed Pre-Qualification Certification to OAHS to ishp@oahssc.ca

The completed and signed Pre-Qualification Certification must be received by no later than July 29, 2024, 2:00 pm EST.